

## COMMITTEES:

### 1. CPR ANALYSIS COMMITTEE:

S. No.	Name	Role	Responsibility	
1.	Medical Superintendent	Chairperson	Head & approving authority for Code Blue committee related matters. Supervise the committee functioning. Reconstitute the committee whenever required. Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.	
2.	RMO	Member	Head & approving authority for Code Blue committee related matters. Supervise the committee functioning. Reconstitute the committee whenever required. Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.	
3.	Dr. Rohit Guptha (EMD Physician)	Member	<ul style="list-style-type: none"><li>• Convene the meetings with prior approval from Chairperson</li><li>• Conduct Mock drills, audits &amp; debriefing sessions.</li><li>• Attend CPRA monthly BLS &amp; ACLS training programmes. Follow the instructions given and/or responsibilities assigned by the Chairperson.</li><li>• Identify the deficiencies and problems to be rectified to improve the quality of the work.</li></ul>	
4.	Dr. Sameraja (General Physician)	Member		
5.	Dr. Rama (General Physician)	Member		
6.	Dr. Sunil (Anaesthesiology)	Member		
7.	Dr. Narendra (General Physician)	Member		
8.	Dr. Pravallika (Obstetrics)	Member		
9.	Dr. Sriram (Cardiology)	Member		
10.	Smt. S. Sunitha (NS-I) Smt. J. Sarada Devi (NS-II) Smt. G. Indiramma (NS-II) Smt. I. Kanthamma (NS-II) Smt. E. Bhuvanewari (NS-II)	Member		Attend CPRA monthly meetings. Arrangements for training programs. Resource arrangements for Code Blue activities. CAPA analysis and implementation.
11.	Smt. Y. Niramala (NS-II)	Member		Attend CPRA monthly meetings. Arrangements for training programs. Resource arrangements for Code Blue activities. CAPA analysis and implementation. Follow the instructions given and/or responsibilities assigned by the Chairperson. Identify the deficiencies and problems to be rectified to improve the quality of
12.	Smt. T. Suseela (Head Nurse)	Member		
13.	Smt. L. Haritha (Head Nurse)	Member		

14.	Smt. N. Ravanamma (Head Nurse)	Member	the work.
15.	M. Sujathi (Code Blue Nurse)	Member	<ul style="list-style-type: none"> <li>• Attending the Code Blue calls.</li> <li>• Maintaining the Code Blue data base. Collection and documentation of Code Blue census.</li> <li>• Follow-up of the Code Blue survivors.</li> <li>• Attend CPRA review meetings.</li> <li>• Identifying the shortfalls in resources and address them to the Nursing Superintendent / CPRA committee.</li> <li>• Participate in Mock drills and audits.</li> </ul>
16.	B. Divyavani (Code Blue Nurse)	Member Secretary	
17.	P. Gayathri (Code Blue Nurse)	Member	
18.	P. Geetha (Code Blue Nurse)	Member	
19.	G. Ramasri (Code Blue Nurse)	Member	
20.	P. Chandana (Code Blue Nurse)	Member	
21.	P. Haritha (Code Blue Nurse)	Member	
22.	G. Sunil	Member	Participate in Mock Drills and audits
23.	D. Manjusha		
24.	G. Praveen Kumar		
25.	Mr. B. Prasad (IT Department)	Member	Coordinate the members of the committee. Making arrangement for the meetings. Documentation minutes of the meetings. Records maintenance. Follow the instructions given and /or responsibilities assigned by the Chairperson.
26.	Mr. N.V.S. Prasad	MSW	Counselling the patient attendants during Code Blue. Follow the instructions given and/or responsibilities assigned by the Chairperson.
27.	Mr. Prakash	Security	Attend all Code Blue calls & provide support for the Code Blue Team. Assist with way finding for staff, and other patients/visitors. Cordon off the area to ensure the Code Blue Team is unimpeded. Controlling the attendants during Code Blue. Follow the instructions given and/or responsibilities assigned by the Chairperson.

### **Review Meeting - Schedule & Quorum requirements**

1. CPRA committee review meetings are being conducted once in a month preferable on second Monday of every month.
2. Quorum requires at least 50% of the total committee members i.e., minimum of 10 members.
3. Presence of Cardiologist/General Physician, Anaesthesiologist, Nursing Superintendent, Head Nurse, Nurse from Code Blue team, MSW, Security officer during the review meetings is mandatory to fulfil the quorum.

## 2. INFECTION CONTROL COMMITTEE:

### HOSPITAL INFECTION CONTROL COMMITTEE MEMBERS

S.No	Name	Role	Responsibility
1	Director cum VC	Chairman	Head & approving authority for committee related matters. Supervise the committee functioning.
2	Dr Ram	Co-chairman	Reconstitute the committee whenever required. Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.
3	Dr B. Venkata Ramana	Member secretary	Senior Microbiologist. Monitors the activities of Infection control team.
4	Dr A. Mohan	Member	Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.
5	Dr Pranabandhu Das	Member	Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
6	Dr G. Swetha Rao	Member	Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
7	Dr Chaitanya	Member	Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
8	Dr C. Konda Reddy	Member	Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
9	Dr D. Satyavathi	Member	Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
10	Dr Prajakta	Member	Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
11	Dr R. Jayaprada	HICO	Coordinate with the Medical Superintendent

12	Dr S. Noble Ujesh	HICO	(Co-Chairman) in planning infection control program and measures.
13	Dr V. Harika	HICO	ICO is responsible for surveillance and supervision of hospital acquired infection as well as preventive and corrective programmes in the hospital.
15	Mrs. T. Prabhavathi	Member	Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
16	Mrs. M. Lakshmidevi	Member	Environmental surveillance. Surveillance of air in OT's/ICUs.
17	Mrs. V. Karpugam	Member	To check for sterilization & dis-infection practices.
18	Mrs. D. Redemma	Member	In-use test of disinfectants.
19	Mrs. A. Shobharani	Member	Autoclave checks. Water testing. Continuous surveillance of HAI infections. Educating of HCWs.
20	Mrs. Shakira	Member	Monitor OT related IPC practices, Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
21	Mrs. C. Sunitha	Member	Monitor CSSD related IPC practices, Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
22	Mrs. A. Umamaheswari	Member	Monitor sanitation & disinfection activities in all areas, Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
23	Dr P. Subramanyam	Member	Monitor Antimicrobial prescriptions for high end antibiotics and antimicrobial prescription audit. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
24	Mrs.C. Sunitha	Member	Monitor Laundry & linen related IPC practices, Attend monthly review meetings.
25	Mrs. D. Indiramma	Member	Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
26	Mrs.M. Sunitha	Member	Monitor Kitchen sanitation & vaccination of food handlers. Attend monthly review meetings. Follow the instructions given and/or

			responsibilities assigned by the Chairperson/Co-chairperson.
27	Dr V. Chandrasekar	Member	Monitor any outbreaks if infections & MDR bugs. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
28	Mr. T.V.P.Kumar	Member	Monitor water tanks disinfection including RO plants. Attend monthly review meetings. Follow the instructions given and/or 28responsibilities assigned by the Chairperson/Co-chairperson.
29	Mr. P. Yashodhar	Member	Air and surface surveillance culture for OT, ICU's and other high risk areas
30	Mr. V. Venkatesh	Member	Performing water surveillance to test the quality for drinking water Performing disinfectant testing of a range disinfectant Sterility checking of blood and blood product
31	Mr. Sai Jagadeesh	Secretarial Assistant	Documentation of minutes of the meetings.

### **Review Meeting - Schedule & Quorum requirements**

**HICC committee** review meetings are being conducted once in a month preferably on **FIRST TUESDAY** of every month.

**Quorum:** Requires at least 50% of the total committee members i.e., minimum of 15 members.

Presence of Chairperson/Co-chairperson, member secretary, Physicians, surgeons, HICOs, ICNs, Nursing superintendent, health inspector, CSSD, engineering dept., OT and ICUs in charges during the review meetings is mandatory to fulfil the quorum.

### 3. PHARMACO THERAPEUTICS COMMITTEE:

S. No	Name	Role	Responsibility
1	Dr.Ram (Medical Superintendent)	Chairman	Advising medical, administrative and pharmacy departments on pharmaceutical related issues. Monitor and Supervise the committee functioning. Reconstitute the committee whenever required.
2	Dr.K.Uma Maheswara Rao (Prof & HOD, Pharmacology)	Executive Secretary	Developing drug policies and procedures. Evaluating and selecting medicines for the formulary and providing for its periodic revision. Promoting & conducting effective interventions to improve medication use. Monitoring ADRs & Medication errors. Conducting audits and training programmes for improving medication safety.
3	Dr. Lakshmi Kameswari (Pharmacist Gr-I)	Member	Attend PTC monthly meetings. Following the instructions assigned by the chair person and executive secretary. Checking whether medications are stored appropriately and are available when required. Checking whether medications are dispensed in safe manner. Checking whether medical supplies and consumables are stored appropriately and are available when required. Identifying deficiencies to improve the quality of medication safety.
4	Dr. Aloka Samantaray (Prof & HoD, Anaesthesiology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the proper maintenance of crash cart.
5	Dr. Pranabandhu Das (Prof. of Radiation Oncology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking whether implantable prosthesis and medical devices are used in accordance with laid down criteria.
6	Dr B. Manilal (Prof & HoD, SurgicalOncology)	Member	
7	Dr.Chandramalitheswaran (Assoc. Prof, Surgical GE)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Advising for surgical items and their storage.
8	Dr. J. Malathi (Assoc. Prof. & HoD of OBG)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
9	Dr.R. Nandhagopal (Prof. & HoD of Neurology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
10	Dr. D. Bhargavi (Prof. & HoD, Medical Oncology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking whether narcotic drugs and psychotropic substances, chemotherapeutic agents are used safely.
11	Dr.M.C.R.Rama (Asst. Prof., Dept. of Medicine)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.

12	Dr.Harini Devi (Prof., Dept. of Biochemistry)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Advising regarding lab chemicals, reagents and their storage
13	Dr.Jayaprda (Assoc. Prof. Microbiology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Monitoring Antibiotic audit Committee and developing policies concerning usage of antibiotics.
14	Dr.V. Chandra Sekhar (Assoc. Prof, Community Medicine)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
15	Dr. Sri Sathyavathi Devulury (Assoc. Prof. & Dept. of CT Surgery)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
16	Dr M.C. Narendra (Assoc. Prof., Dept. of General Surgery)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
17	Dr P. Prabanjan Kumar (Assoc. Prof. & HoD of Ophthalmology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
18	Dr B. Rama Krishna (Assoc. Prof., Dept. of General Surgery)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
19	Dr. G.Ravindra Kumar (Asst. Prof., Dept. of Pharmacology)	Member	Attend PTC monthly meetings. Attending clinical audits and training programmes related to medication safety. Monitoring medication errors and CAPA. Reviewing the minutes of meetings.
20	Dr K. Chandra Sekhar (Asst. Prof., Dept. Of Medicine)		Attend PTC monthly meetings. Reviewing the minutes of meetings.
21	Dr M K Advait	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
22	Dr. R. Ramya Priya (Asst. Prof., Nuclear Medicine)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
23	Dr Anirudha Suseel (Asst. Prof., Nuclear Medicine)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
24	Dr Saraths Jakka (Asst. Prof., Dept. of Rheumatology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
25	Dr M. Ganesh Kumar (Asst. Prof. & I/c HoD of Psychiatry)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
26	Dr Koneru Prathyusha ( Asst. Prof., Dept. of ENT)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
27	Dr K. Rohit Gupta (Asst. Prof., Dept. of EMD)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
28	Dr R. Pravallika Sudharani	Member	Attend PTC monthly meetings. Reviewing the

			minutes of meetings.
29	Dr Chigurapalli CH Sekhar (Asst. Prof., Dept. of Neurosurgery)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
30	Mr. D.V. Dileep Kumar (D.D Purchase)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Monitoring for improved medicine procurement and inventory management.
31	Mr. T. Raveendra Babu (A.D Stores)	Member	Attend PTC monthly meetings. Following the instructions assigned by the chair person and executive secretary. Checking whether medications are stored appropriately and are available when required. Checking whether medications are dispensed in safe manner. Checking whether medical supplies and consumables are stored appropriately and are available when required. Identifying deficiencies to improve the quality of medication safety.
32	Mrs. T. Prabhavathi (D.D. Nursing)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the safe dispensing and administration of medications. Monitoring the patients after administration. Advising medication administration staff to minimise medication errors and take necessary CAPA for enhancing patient safety.
33	Mrs. C.Sunitha (Nursing Superintendent Gr-I)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the safe dispensing and administration of medications. Advising medication administration staff to minimise medication errors and take necessary CAPA for enhancing patient safety.
34	Mr. Gowri (Pharmacist Gr-I)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the safe dispensing of medicines.
35	Dr. P. Anuhya (Clinical Pharmacist)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking whether medication orders are written in uniform manner or not. Attending clinical rounds and monitoring medication use. Identifying and reporting ADRs medication errors along with CAPA.
36	Dr. J. Sucharitha (Clinical Pharmacist)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Attending clinical rounds and monitoring medication use. Identifying and reporting ADRs medication errors along with CAPA.

#### **Meeting schedule and quorum of the meeting**

- The meeting is scheduled once in a month i.e. every 1<sup>st</sup> Friday of month
- The quorum of the meeting is 50 %.



#### 4. QUALITY IMPROVEMENT COMMITTEE:

Sl. No.	Name & Designation of the Member	Position in the committee	Roles and Responsibilities of the member
01	Dr R.V.Kumar Director cum Vice-Chancellor	Chairman	
02	Dr Ram, Medical Superintendent	Co-chairman	
03	Dr K. Umamaheswar Rao, Professor & Head, Dept. of Pharmacology & QMS (NABH) Coordinator	Coordinator & Pharmacy in Charge	
04	Dr Aparna R. Bitla, Registrar	Member	
05	Dr K.V. Koti Reddy, RMO	Member	
06	Dr. Alok Samantaray, Professor & Head, Dept. of Anaesthesiology & Critical Care	Member	KPI In Charge & OT In charge
07	Dr Alok Sachan, Professor & Head, Dept. of Endocrinology	Member	Lead member of Patient Safety Committee
08	Dr. M. Kusuma Kumari, Associate Professor, Dept. of Biochemistry	Member	All Lab KPI in charge
09	Dr. Punith Patak Nagaram, Professor & Head, Dept. of Paediatric	Member	Clinical Audit In charge
10	Dr S. Nagesh Kumar, Assistant Professor, Dept. of Surgical Oncology	Member	Surgical Services In Charge
11	Dr A.N. Sowmya, Asst. Professor, Dept. of Emergency Medicine	Member	Emergency Medicine Quality Assurance In charge
12	Dr B. Vijayalakshmi Devi, Professor & Head, Dept. of Radiology	Member	Radiology Quality Assurance In charge
13	Dr T.C. Kalawat, Professor & Head, Dept. of Nuclear Medicine	Member	Nuclear Medicine Quality Assurance In charge
14	Mrs. J. Sarada Devi, Nursing Superintendent	Member	All ICU's In charge
15	Mrs. T. Prabhavathi, Dy. Director Nurisng	Member	Nursing Services
16	Dr R. Ramya Priya, Associate Professor, Dept. of	Member	KPI In charge for Imaging Services

	Nuclear Medicine		
17	Dr I.S. Sumadhu, Assistant Professor, Dept. of Anaesthesiology	Member	KPI In charge for Anaesthesiology
18	Dr Jagadeesha, CMO, Department of Emergency Medicine	Member	KPI In charge for Emergency Medicine
19	Dr. B. Rama Krishna, Assistant Professor, Dept. of General Surgery	Member	KPI In charge for Medical & Surgical
20	Dr K. Vivekanand, CMRO	Member	KPI In Charge for Medical Records
21	Mrs. M. Sunitha Devi, Chief Dietician	Member	Canteen
22	Mr. D. Anand Babu, AD Establishment Section	Member	Implementation of HRM chapter
23	Mr. Doraiswamy, Sr. BME	Member	Implementation of FMS 5
24	Mr. G. Babu, AD (GM)	Member	Gas, Biomedical Waste, House Keeping & Outsourcing Servicing
25	Mr. Bala Raju, Technician, Dept. of Radiotherapy	Member	Radiation Safety Officer
26	Dr M. Ram Prasad, Medical Officer	Member	Implementation of NABH Standards
27	Dr Deepthi Charan.K, Medical Officer	Member	Implementation of NABH Standards

#### **Meeting schedule and quorum of the meeting**

- The quality improvement meeting is scheduled twice in a month i.e. on 2<sup>nd</sup> & 4<sup>th</sup> Tuesday of every month.
- The meetings are held by involving limited departments to discuss and review the quality improvement activities in patients oriented areas and in the organization oriented standards.

## 5. PATIENT SAFETY COMMITTEE:

S. No	Name	Role	Responsibility
1	Facility Management Team	1.1 Principal, College of Physiotherapy	Provision of Grab Bars, Special Toilets for differently able persons, wheel chairs, External and Internal signage's and bed rails.
		1.2 Deputy Executive Engineer, Civil	Before commencement of expansion or maintenance of any work, risk assessment shall be done with the help of HIC coordinator and this shall be covered noise, vibration and infection control. Built and updated drawings are to be maintained as per statutory requirements, Check the swing doors unsafe for people passing through it. Leakages/seepages in the area rendering it prone to infection. Height of the ceiling can cause injury to head to people with long height. Unwanted or unnoticed holes, breaks in the floor/ground that can be hazardous while walking. Terrace/higher floors lack of grills at the border making it unsafe.
		1.3 Radiation Safety Officer	To follow AERB guidelines.
		1.4 AE, SVIMS	Potable water testing, overhead storage cause accidents, Is placement of furniture can cause any fall.
		1.5 Assistant Engineer, Electrical, TTD	Electricity Back up, Elevators movements to avoid sudden stoppage and jerks, unprotected electrical wirings, lack of adequate lighting can cause which can be reason for accidents or errors.
		1.6 Security Officer	Restricted entry into OTs, ICUs and CC TV coverage of the entire hospital and monitoring.
		1.7 Deputy Director (GM)	As per FMS 7 standard
		1.8 Deputy Director (GM)	As per FMS 6 standard
2	Dr. K.M. Bhargav, Associate Professor, Department of Medicine	Patient Safety Officer	<ol style="list-style-type: none"> <li>1. Environmental Safety</li> <li>2. Lab Safety</li> <li>3. Equipment risk Eg. Fire/Injury risk from use of LASER</li> <li>4. Risk resulting from long term conditions</li> <li>5. Internal and External reporting system on process failure</li> <li>6. Fire accidents</li> <li>7. Leakage of radiation source</li> <li>8. Incidents covering from "no harm" to "sentinel events"</li> </ol>

			<ol style="list-style-type: none"> <li>9. Pro-active risk analysis of patient safety risks shall be done through HIRA and FMEA.</li> <li>10. At minimum one patient safety related risk shall undergo proactive risk analysis every year.</li> <li>11. Avoid Lack of continuity of manpower during surgery due to shift duties</li> <li>12. Avoid Patient Fall from trolley to bed and bed to Trolley</li> <li>13. Avoid Cautery burns</li> <li>14. Avoid Delay in availability of surgical material in middle of surgery</li> <li>15. Connecting all critical equipments to UPS</li> <li>16. Continuous medical gas supply</li> <li>17. Patient safety officer shall report directly to the top management</li> </ol>
3		Clinical Safety Officer	<ol style="list-style-type: none"> <li>1. Radiation Safety – ALARA (As low as reasonably achievable) Eg. X-ray for all ICU, Pediatric or neonatal, patients. CT Scan protocols to be modified to use the lowest exposure. Parameters to maintain the image quality appropriate for clinical indication. Eg. CT for ureteric calculi can be done with low dose where as renal tumor will require high dose.</li> <li>2. Appropriate screening of the patients before imaging.</li> <li>3. Patients in the child bearing age group who need to be exposed to radiation should be scanned for pregnancy. MRI patients screened for Magnetic substance. Screening also shall be applicable to the accompanying patient/child into the imaging area.</li> <li>4. Shielding of body parts of the patients, attendants shall be adhered to using appropriately.</li> <li>5. To identify various risk, record for action taken for risk alleviation of each of these risk and the mechanism for informing the staff regarding the same.</li> <li>6. Medication Management covering the issues of Patient/Service user, allergies and antibiotic resistance.</li> <li>7. Implementation of current national patient safety/International patient safety goals.</li> <li>8. SBAR communication for patients handover</li> <li>9. Two identifiers for patients identification</li> <li>10. Implement evidence based medicine/ clinical practice guidelines (STGs) Standard Treatment Guidelines bought by GoI.</li> </ol>

			<p>11. To define list of high risk medication, Look alike sound alike, different concentrations of the same drug to be stored far away, High risk medications are to be verified before dispensing, Inadvertent administration of drug through wrong route shall be avoided.</p> <p>12. Medication orders shall be checked at transition points of the patients.</p> <p>13. Hand Hygiene guidelines at all locations of hand washing areas.</p> <p>14. One Needle, one syringe and only one time policy. To implement CDC recommendations.</p> <p>15. Retained missing instruments and gauze</p>
4		Paramedical staff	<p>1. Follow HIC practices while attending patients.</p> <p>2. Avoid to storing of listed hazardous material in unsafe condition</p> <p>3. Maintain MSDS sheets</p>
5		Clinicians	<p>1. Implementation National/International patient Safety Goals</p> <p>2. Implement the Clinical Safety Officer guidelines pertaining to the respective Clinical and Diagnostic departments as suggested by the Clinical Safety Officer.</p> <p>3. Implement evidence based medicine/ clinical practice guidelines (STGs) Standard Treatment Guidelines bought by GoI.</p>
6		Nurses	<p>1. Implement the guidelines pertaining to the respective clinical departments as suggested by the Clinical Safety Officer.</p> <p>2. Follow HIC practices while attending patients.</p> <p>3. Fall risk assessment of the patients and to take pro-active risk management.</p>
7		Support Services	<p>1. Slippery floor and probable to cause slip falls.</p> <p>2. Rodents and pests in the area which can cause harm to patients, staff and equipments.</p>

### Meeting schedule and quorum of the meeting

- The Patient safety committee meeting is scheduled once in a month i.e. on 4<sup>th</sup> Saturday of every month.
- Patient safety aspects like development, implementation and monitoring of the safety plans and policies to provide as safe and secure facility and environment. Proactive risk assessment, FEMA, HIRA, facility inspection rounds, patient safety incident, risk management and analysis of key-safety indicators and sentinel events.

## 6. INTERNAL COMPLAINTS COMMITTEE:

S. No.	Name of the member	Designation & Department	Status in Internal Committee
01	Dr. B. Vijayalakshmi Devi	Professor & Head Dept. of Radio Diagnosis	Presiding Officer
02	Dr. K. Jyothi Prasad	Professor & Head Dept. of Forensic Medicine	Member
03	Dr. A. Uma Maheswari	Professor & Head Dept. of Bioinformatics	Member
04	Sri. Ashok Kumar	Advocate & Standing Counsel, SVIMS	Member-External
05	Mrs. M. Prasanna Lakshmi	Dy. Director (HR)	Convenor

The respective HoD's /College Principals/Administrative HoD's shall be co-opted on case to case basis depending upon the need.

### Meeting schedule and quorum of the meeting

- Once in a month and as and when a case is registered, the committee shall meet immediately.
- 100% Quorum is required.

## 7. DISCIPLINARY & GRIEVANCE COMMITTEE:

S. No.	Name of the Member	Status in Disciplinary & Grievance Committee	Roles & Responsibility
01	Dr. D. Rajasekhar, Sr. Professor & HoD, Cardiology	Chairperson	<p>The Grievance Committee shall be responsible to ensure that grievances are dealt with effectively in accordance with the Grievance Procedures set out for the implementation of this Policy. In doing so, the Committee shall adhere to the following principle</p> <ul style="list-style-type: none"> <li>• Take grievances seriously taking on board why the employee feels aggrieved, unhappy or dissatisfied</li> <li>• Investigate the facts and surrounding circumstances, and showing the employees that this been done thoroughly and sensitively.</li> <li>• Actively look for a solution that will satisfy the employee, where practical without causing disproportionate difficulty for the organization or the Employee's colleagues.</li> <li>• Provide feedback to the employee about what can, and cannot be done to resolve the grievance</li> <li>• Take necessary follow-up action</li> <li>• All the members thus have an active role in each of the above.</li> </ul>
02	Dr. A. Mohan, Sr. Professor & HoD, Medicine & Dean	Member – Ex-Officio – Dean	
03	Dr. Aparna R Bitla, Professor & HoD, Biochemistry and Registrar i/c	Member – Ex-Officio – Registrar	
04	Dr. K. Nagaraj, Professor & HoD , Community Medicine	Member – Secretary	
05	Dr. Chandramal Theswaran, Associate Professor, Surgical G.E	Member	
06	Dr. K. Prathiba, Associate Professor, Anatomy	Member	
07	Dr. A. Surekha, Associate Professor, Department of DVL	Member	
08	Dr. M. Ganesh Kumar, Assistant Professor, Psychiatry	Member	
09	Dr. V. Srikumari, Assistant Professor, College of Physiotherapy	Member	
10	Mrs. G.P. Manjula, AD, Establishment PM – Ex- office	Convener & Coordinator	

### Meeting schedule and quorum of the meeting

1. The disciplinary & Grievance Committee meeting shall be held on 1<sup>st</sup> Saturday of every month between 3 and 4 pm in the committee hall.
2. Quorum requires at least 50% of the total committee members.

## 8. MEDICAL RECORDS REVIEW COMMITTEE:

S. No.	Name of the Member	Status in Disciplinary & Grievance Committee	Roles & Responsibility
01	Medical Superintendent	Chairperson	<ul style="list-style-type: none"> <li>• Responsible or overall supervision of the Committee activities.</li> <li>• Responsible for sending lacunas for CAPA to the concerned HoD's.</li> </ul>
02	Medical Record Officer	Coordinator	<ul style="list-style-type: none"> <li>• Co-ordinate the Medical Record Review Committee Meeting.</li> <li>• Prepares the minutes of the meeting.</li> <li>• Dispatches the minutes to the concerned and inform the deficits to the concerned.</li> <li>• Responsible for sample bases review</li> </ul>
03	Resident Medical Officer	Member	<ul style="list-style-type: none"> <li>• Address the members in the meeting, discuss with the concerned members to complete the lacunas at the earliest.</li> </ul>
04	HoD, Dept. of Anaesthesiology	Member	<ul style="list-style-type: none"> <li>• Responsible to conduct audit for complete consent form, anaesthesia record &amp; operation record.</li> </ul>
05	HoD, Dept. of Pharmacology	Member	<ul style="list-style-type: none"> <li>• Responsible to conduct audit for medication chart, regarding administered drug properly, legibility of author name, signature time and to write in capitals, using no short forms, dosage.</li> </ul>
06	Prof. Dept. of Medicine	Member	<ul style="list-style-type: none"> <li>• To audit the medical cases.</li> </ul>
07	Assoc. Prof Dept. of General Surgery	Member	<ul style="list-style-type: none"> <li>• To audit the surgical cases.</li> </ul>
08	AD Nursing & Nursing Group	Member	<ul style="list-style-type: none"> <li>• To audit the nursing assessment / Nurses notes and various consent forms used at the time of admission.</li> </ul>

### Meeting schedule of the Medical Record Review Committee meeting

The Medical Record Review committee shall meet once in a month i.e. on 3<sup>rd</sup> Thursday at 10:30 am in the committee hall to review the medical records of current patients.